Attachment G: Behavioral Health Supports (Summary of Supports) The information in this section does not replace a formal Behavior Plan if needed (a formal plan MUST be supplied by the professional and signed by them if it is indicated). It is a set of instructions for staff to support current Mental Health Treatment/Therapy based upon recommendations from the treating professional.

Name:	ISP/CPOC Date:	Revised:
Behavioral Health Symptoms/Behavioral Challenges	Instructions to Avoid Triggers/Problems	
□ Documentation Form/Sheet other than Daily Note	☐ Consult Emotional wellness & crisis prevention plan first	
☐ Report to Agency Nurse/Supervisor ☐ Call Professional	(MUST be present and attached if complex care is requested)	
	Trauma or Behavioral Triggers:	Staff Response:
Coping Skills & Supports Needed to Use	Staff response/supports if sym	ptoms/behavior(s) occur
■ Need Transportation Assistance	■ Need Assistance Com	municating with Professional
■ Need Assistance Scheduling/Making Appointments		
□ Physical Intervention needed (see attached professional plan)		
□ Specific "structure" must be in place throughout individual's day (see attached schedule and instructions)		
☐ If supplemental payment for Complex Care requested, professional assessment & recommendations are attached		